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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*N/A*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*N/A*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <i>ca</i>				

## ADDRESS

021125

## TITLE

Chondrocyte therapeutic delivery system

<b>FILING FEE RECEIVED</b> 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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